

Appendix G

TDH Plans Review

Appendix G

Review of Texas Department of Health Program Planning Requirements

BACKGROUND

Statement of Charge

1. The Texas Department of Health, at a minimum, must include, “A list of other plans that the department is required to prepare under state law and a recommendation regarding which plans are obsolete or duplicate other required department plans.” (Texas Health and Safety Code, Sec. 11.0045 (c)(10)).
2. Include “An assessment of the extent to which previous plans prepared by the department under this section have effectively helped the department to identify and achieve its objectives, to improve its operations, or to guide persons who need to identify department services, identify department requirements, or communicate effectively with department personnel.” (Texas Health and Safety Code, Sec. 11.0045 (c)(10)).

Context of the Review

TDH is a very broad and diverse agency, having responsibility for many varied programs ranging from administration of the Medicaid program, to environmental issues, to control of many specific diseases. In its report to the 76th Texas Legislature, the Sunset Advisory Commission noted that “despite over 50 mandated individual planning documents, the Texas Department of Health (TDH) has no coordinated and integrated approach to improve the health of Texas citizens.” The Commission recommended that TDH prepare “a list of state-mandated planning instruments developed by the department along with a recommendation to remove the statutory requirements for those that are obsolete or redundant...” This is the first time that such an inventory and review of all mandated plans for the department has been required or attempted.

Description of the Process

The plans of the agency were identified via an electronic search of Texas Law. Federal laws that require a plan were also identified. To affect a consistent review of the departmental plans, it was necessary to be able to determine the intent in the law in each instance when it asks for a plan. Some plans develop a set of goals,

objectives, and strategies, others only delineate a set of policies and procedures, and others only report information.

Determining the purpose of each plan began with an interview with the contact person in each identified program area. Each interviewee was questioned about the purpose of the plan and how the plan was developed and used by the department. Relying on the language in the law and the program knowledge of the interviewee, a mutual determination was made by the interviewer and interviewee regarding the intent of the law. Each plan was assigned to one of the three categories mentioned above: planning document, policy/procedures document, or report.

The basic criterion used to delineate a planning document from the other two types was that it laid out the direction for a program to progress or the goals to which it aspires. If it was determined that the document met this criterion, the interview proceeded to determine the continuing value of the plan, whether it had accomplished its purpose under the law, or had been superseded by another legal requirement. Lastly, each qualifying plan was grouped into categories regarding the scope of the plan (agency wide or program specific) and whether or not the plan had accomplished its purpose.

The results of this analysis follow:

- The *agency biennial strategic plan*, which incorporates an information resources strategic plan, a benchmarking “plan,” a customer satisfaction assessment “plan,” and a HUB (historically under-utilized businesses) “plan.”
- All state agencies are required to prepare plans concerning various personnel and administrative functions. These plans (e.g., an annual audit plan, an affirmative action plan, a space allocation plan, etc.) are common to all state agencies. The department has 13 such plans.
- The department has 19 program-specific plans that are required by law.
- There are four more program-specific plans identified that are the responsibility of a separate, interagency council of which TDH is a member, and sometimes the lead member.
- There are two one-time plans for which the purpose has been completed.
- There are two plans that have been discontinued.
- There are ten plans that were identified as plans in the law or as part of a plan, but do not meet the basic criteria of a plan.

- There are eight plans that look like plans in the law, but do not fit a need for a plan and have been addressed by the department as simply “policy statements.”

Based on these categories, the recommendations below are proposed.

RECOMMENDATIONS

- A. The following mandates for a “plan” have met the need that was addressed in the law. The actions recommended would have minimal or no impact on any of the programs or their customers. Review the following for possible repeal of the requirement for a plan:
 1. Long-Range Plan for TDH Hospitals (75th Legislature, Art. IX, Rider #44),
 2. Hepatitis A Immunization Plan (75th Legislature, H.C.R. 156),
 3. Productivity Bonus Program Plan (Government Code, §2108.102), and
 4. Respiratory Disease Pilot Plan (Health and Safety Code, §13.073).

- B. The following mandates for a “plan” are unnecessary and another type of requirement such as a set of procedures or rules, or a report, might be more appropriate. Review the following for possible amendment of the language of the requirement for a plan:
 1. Mail Operations Plan (Government Code, §2176.002),
 2. Benchmarking Plan (75th Legislature, Article IX, Rider #67),
 3. Information Resources Technology Training Plan (75th Legislature, Art. IX, Rider #156),
 4. Customer Satisfaction Assessment (75th Legislature, Art. IX, Rider #68),
 5. Annual Audit Plan (Government Code, §2102.005),
 6. Minority Hiring Practice Plan (75th Legislature, Art. IX, Rider #121),
 7. Plan for Professional Nurse Reporting (V.T.C.S., Art. 4525a, §2(b)),
 8. Prevention of Simultaneous Enrollment of Persons in Narcotics Treatment Programs (Health and Safety Code, §466.026),
 9. Internal Audit Findings (75th Legislature, Art. IX, Rider #95),
 10. Policy Research in Other Agency’s Jurisdiction (75th Legislature, Art. IX, Rider #58),
 11. Indirect Cost Recovery Plan (Government Code, §2106.003),

12. Plan for Efficient Telecommunications in State Offices (75th Legislature, Art. IX, Rider #171),
13. Plan for Area-wide Administration to Provide Primary Health Care Services (Health and Safety Code, §31.004),
14. Access to the Board of Perfusionists for Non-English Speakers (V.T.C.S., Art. 4529e, §7(b)(10),
15. Access to the Board of Orthotics and Prosthetics for Non-English Speakers (V.T.C.S., Art. 8920, §8),
16. Access to the Board of Marriage and Family Therapists for Non-English Speakers (V.T.C.S., Art. 44512c-1, §14C),
17. Access to the Board of Professional Counselors for Non-English Speakers (V.T.C.S., Art. 4512g, §6vC),
18. Access to the Board of Speech-Language Pathology and Audiology for Non-English Speakers (V.T.C.S., Art. 4512j, §5(J)),
19. Access to the Board of Dietitians for Non-English Speakers (V.T.C.S., Art. 4512h, §7F),
20. Access to the Board of Midwives for Non-English Speakers (V.T.C.S., Art. 4512i, §8H), and
21. Access to the Board of Social Workers for Non-English Speakers (Human Resource Code, §50.0063).

GOAL AND OBJECTIVES

Goal 1 – TDH will align individual plans with the Department’s Strategic Plan.

Objective 1.1 Programs will review and update individual plans to ensure that plans are aligned with TDH Strategic Plan on a biennial basis.

Each program that is required by law to develop a plan will review that plan and the current TDH strategic plan to ensure that the program plan follows an appropriate goal and objective of the strategic plan. Programs should submit a copy of the plan for review to the Office of Policy and Planning annually, six months prior to completion of TDH’s biennial strategic plan.

Programs will continue to update plans on a biennial basis using the strategic planning schedule to ensure that plans align with the most current strategic plan. Programs that become obsolete or are discontinued should recommend that the enabling law and mandated plan be repealed by subsequent legislation.

Attachment G-1

TDH PLANS REVIEW

General Plans (Agency Wide)

Texas State Health Plan – This plan is required under Health and Safety Code, §104.021 and 104.022. The plan is a six-year comprehensive health plan that is updated biennially under the policy direction of the Texas State Health Coordinating Council. This plan is neither duplicative nor obsolete. The requirement fulfills the need for strategic planning of the state’s health needs and resources.

Strategic Planning Requirements

Department Strategic Plan – Departmental strategic plan for operations required under Government Code, §2056.002. This is the agency five-year strategic wherein the agency’s longterm vision, mission and goals are delineated. This plan is neither duplicative nor obsolete.

Benchmarking – Rider 9-6.40 of Article IX, 76th Legislative session instructs selected state agencies to engage in an internal performance benchmarking process and report on the results of its benchmarking process in its strategic plan for the 2001-2005 period pursuant to Government Code, Chapter 2056. This requirement updates and continues rider 67 of Article IX of the 75th Legislative session. This requirement is neither duplicative nor obsolete.

Customer Satisfaction Assessment – Rider 9-6.41 of Article IX, 76th Legislative session instructs selected state agencies to assess the level of satisfaction of the customers of the agency and report on the results of its customer satisfaction assessment in its strategic plan for the 2001-2005 period pursuant to Government Code, Chapter 2056. This requirement updates and continues rider 68 of Article IX of the 75th Legislative session. This requirement is neither duplicative nor obsolete.

HUB (Historically Underutilized Businesses) Plan – Departmental plan required under the Texas Government Code Title 10, subtitle D, Chapter 2161 and Title 1, Texas Administrative Code, §111.11 through §111.24. The department’s HUB plan is incorporated under §2161.123 as part of the departmental strategic plan to increase the

agency's use of historically underutilized businesses in purchasing and public works contracting. This plan is not duplicative or obsolete.

Information Resources Strategic Plan – This plan is required under Government Code §2054.095. This plan is developed in coordination with and as part of the overall department strategic plan to insure that it supports the programmatic needs of the department. This plan is not duplicative or obsolete.

Personnel Policies Planning

Affirmative Action Plan – Departmental plan required under the Texas Commission on Human Rights Act of 1983 as amended and Article IX, section 122 of the 75th Legislative Session Appropriations Act. The department's Affirmative Action Plan is incorporated into section 702 of the Personnel Manual as the Affirmative Action Policy. This plan is not duplicative or obsolete. This plan provides the policy on the current thinking of how people should be recruited and other job-related functions.

Minority Hiring Practices Plan – Departmental plan required under the Texas Commission on Human Rights Act of 1983 as amended and Article IX, section 121 of the 75th Legislative Session Appropriations Act. The department includes this plan as part of section 702 of the department Personnel Manual.

Other Department Wide Plans

Annual Audit Plan – This plan is required by the Internal Auditing Act, Government Code, §2102.005. The Act states that “audits of the department's accounting systems and controls, administrative systems and controls, electronic data processing systems and controls, and other major systems and controls” be conducted on a periodic basis. The Act also requires that the Internal Auditor prepare an annual plan using risk assessment techniques to identify the individual audits to be conducted during the year and for the governing board to approve the plan. The plan is intended to be a working document to provide general guidelines for audit projects selected for the fiscal year. This plan is not duplicative or obsolete. It provides a necessary review, independent of management, of agency systems and controls and reports annually to the Board of Health.

Biennial Operating Plan for Information Resources Management – This plan is required under Government Code §2054.100. This plan completes the specific operational plans for the information technology requirements of the department. This plan is not duplicative or obsolete.

Efficient Telecommunications in State Offices Plan – Departmental plan required under Article IX, section 171 of the 75th Legislative Session Appropriations Act. This rider requires that all state agencies that wires or rewires state-owned or leased space shall comply with cabling standards promulgated by the Department of Information Resources (DIR) and that plans for such wiring projects be submitted to the General Services Commission (GSC). The Department of Health incorporates these wiring project plans into the departmental *Information Resources Strategic Plan* and *Biennial Operating Plan for Information Resources Management* (BOP) as discussed above. Departmental wiring projects and upgrades have maintained a level of standards surpassing those required by DIR and GSC. This plan is not duplicative because the department's plans are agency specific. The requirement is not obsolete because the department must maintain a continuing plan for maintaining and upgrading its wiring systems.

Information Resources Technology Training – Rider 156 of Article IX, 75th Legislative session instructs all state agencies to coordinate their quarterly training plans with the Department of Information Resources to insure that their technology training meet agency requirements and are cost-competitive. This requirement does not qualify as a mandated departmental plan.

Mail Operations Plan – This plan is required under the Health and Safety Code, §2176.002. The purpose of this plan is to improve state agency management of mail and to reduce the state's mail costs. To comply with the intent of this law, the department has developed operating procedures to implement the following goals: 1) continue consolidation and efficiencies in mail processing to reduce department postage costs, and 2) continue to pursue contracts and interagency agreements with other health and human services agencies to pass on mail room efficiencies. The TDH mailroom has reduced the per item cost of mail for each of the last ten years. This plan is neither duplicative nor obsolete.

Plan for Professional Nurse Reporting – This plan is required under Vernon’s Texas Civil Statutes, Article 4525a, §2 (b). The purpose of the plan is to establish policies and guidelines to conduct nursing peer review for registered nurses (RNs) and licensed vocational nurses (LVNs). The provisions of this plan apply to several hundred full and part-time nurses employed throughout the department. This plan is neither duplicative nor obsolete.

Rider 167 – Departmental plan required under Article IX, section 121 of the 75th Legislative Session Appropriations Act. This rider required that each agency develop a plan to review all rules that became final prior to September 1, 1997. The plan shall be filed with the Governor, the Legislative budget Board and the Secretary of State.

Space Allocation Plan – This plan is required under the Health and Safety Code, §2165.1061. The plan develops and implements space management and telecommuting policy for the department. This plan is necessary to manage the General Services Commission restriction of 153 square feet per employee. This plan is neither duplicative nor obsolete.

Program Specific Plans

Diabetes Plans

Texas Statewide Diabetes Plan – This plan is required under Health and Safety Code, §103.013. The Texas Diabetes Council is to develop and implement a state plan for diabetes treatment, education, and training. The plan is to be submitted to the state health planning and development agency not later than November 1 of each odd-numbered year. This plan is neither obsolete nor duplicative.

Statewide Diabetes Plan for Conducting Regional Training – This plan is referred to in the Health and Safety Code, §103.017. The law states, “The department, the Texas Commission for the Blind, the Texas Rehabilitation Commission, the Texas Department of Human Services, and the Texas Education Agency may jointly develop and implement a statewide plan for conducting regional training sessions for public and private service providers who have routine contact with persons with diabetes.” This “plan” is incorporated into the Texas Statewide Diabetes Plan (mentioned above), as opposed to being a separate plan, and is permitted as

part of the responsibilities of the department and the Texas Diabetes Council, rather than mandated. This plan is neither obsolete nor duplicative.

Emergency Medical Services Plans

State EMS (Emergency Medical Services) Plan – This plan is required under the Health and Safety Code, §773.021. The plan lays out the status and plans for the components of the EMS system throughout Texas. This plan is neither duplicative nor obsolete.

EMS area delivery plans – This plan is required under the Health and Safety Code, §773.023. Under this requirement, with the cooperation of the 22 Regional Advisory Councils, the Bureau of Emergency Management facilitates regional planning for the EMS delivery areas and trauma service areas and ensures the coordination of these of these plans under the State EMS system. These plans are developed at the local/regional level and approved by the department. These plans are neither duplicative nor obsolete.

Federal Program Participation in EMS – This requirement derives from the Health and Safety Code, §773.024. This section of the law is implemented on an as needed basis to comply with desired federal grant requirements. Although, there is currently no plan of this type in place, this requirement has been applied in the past to qualify for federal EMS categorical grants. This requirement is neither duplicative nor obsolete.

Emergency Response Plans

State of Texas Emergency Management Plan, Annex H, Health and Medical Services – Pursuant to the Texas Disaster Act of 1975 (Government Code, §§418.042, 418.043, and 418.173(a)), Annex H, Health and Medical Services, delineates the health and medical support plan of the State of Texas Emergency Management Plan which is under the auspices of the Texas Department of Public Safety, Division of Emergency Management. This requirement is neither duplicative nor obsolete.

Chem/Bioterrorism Response Plan – This plan is required under Presidential Decision Declaration 39 and the State of Texas Emergency Management Plan, Section I. This plan delineates the department's response in the event of a chemical or biological incident. This plan supplements the Health and Medical Services Annex to the State of Texas Emergency Management Plan described above and is neither duplicative nor obsolete.

Texas Radiological Emergency Management Plan – This plan is required under the Health and Safety Code, §401.066. The plan is incorporated in the Texas Emergency Management Plan, Annex D: Radiological Emergency Management. This plan is neither duplicative nor obsolete and fulfills the necessary function of planning for a radiological emergency in the state, especially at fixed nuclear facilities.

Veterinary Medical Response Plan – This plan has been initiated by the Texas Department of Health, Division of Emergency Preparedness, in preparedness for animal emergencies and animal transmitted diseases in the wake of natural and human disasters. This plan is neither duplicative nor obsolete and is being developed as a supplement the Health and Medical Services Annex to the State of Texas Emergency Management Plan described above.

Primary Care Program Plans

Primary Care Long-Range Plan – The long-range plan is required under Health and Safety Code, §31.016(a). This requirement is for a plan that covers at least six years. It is to provide direction with specific goals, objectives and action steps to carry out the mission of the Primary Care Health Care Services Program. The program is developing a new plan to update the last six-year plan that was done for the period FY 1992 – 1997. The plan is neither duplicative of any other plan nor obsolete.

Primary Care Short-Range Plan – This plan is required under Health and Safety Code, §31.016(c). This requirement is for a plan that covers two years and is derived from the Primary Care Long-Range Plan. The two-year plan identifies and projects the costs relating to implementing this plan. The current plan covers the period FY 1998 – 1999. It is neither duplicative of any other plan nor obsolete.

WIC Program Plans

WIC (Women, Infants and Children) State Plan – This plan is required under 42 United States Code, §1786(f). The plan provides the guidance and performance measures for the WIC program. It is produced annually and submitted to the U.S. Department of Agriculture, the Legislative Budget Board, and the Governor's Budget Office as a requirement to receive the program's federal funding. It is neither duplicative of any other plan nor obsolete.

Farmer's Market Nutrition Program Plan – This plan is required under 42 United States Code, §1786(m) and 7 CFR, Chapter II, Subpart B, §248.4. Annually, the department must submit the Farmers' Market Nutrition Program State Plan to the Food and Consumer Service of the U.S. Department of Agriculture as a prerequisite to receiving federal funding for this program. Although this program is part of the WIC program, it is neither duplicative of the WIC State Plan nor is it obsolete.

Other Program Specific Plans

Asbestos Training Approval Plan – This requirement derives from VTCS, Article 4477-3a, §10. The law requires that the department shall adopt by reference the Model Accreditation Plan developed by the United States Environmental Protection Agency, for the purpose of approving the training for all persons who are licensed or registered to work with asbestos. Although this law does not require a standing department plan, the requirement is met by adoption by reference in Title 25 of the Texas Administrative Code, Part 1, §295.33(a)2 and §295.64. This adoption of the Model Accreditation Plan does not duplicate any other department plan, nor is it obsolete. The requirement fulfills a necessary federal requirement for the training of all persons certified to work with asbestos.

Cardiovascular Disease and Stroke Prevention Plan – This plan is required under House Bill 2085 of the 76th Texas Legislature. The bill establishes the Council on Cardiovascular Disease and Stroke which the law also requires shall “develop an effective and resource-efficient plan to reduce the morbidity, mortality, and economic burden of cardiovascular disease and stroke in this state.” Newly established and appointed, the council has just begun its work. It is neither obsolete nor duplicative.

Employee Assistance and Wellness Plan – This plan is required under Health and Safety Code, §664.005. This law requires that, “Before implementing a health fitness program, a state agency must: (1) develop a plan that addresses the nature, purpose, nature, duration, costs, participants in, and expected results of the program; and (2) obtain written approval of the plan from: the Texas Department of Health...” This plan is neither obsolete nor duplicative.

House Bill 1444 Evaluation Plan – This plan is specified under House Bill 1444 of the 76th Texas Legislature. The law states that, “Subject to the availability of funds, the department shall develop a plan that complies with §121.0065(d) (Health and Safety Code) to evaluate the effectiveness, accessibility, and quality of essential public health services provided under this section.” The plan is a new legislative initiative to develop and improve the public health capacity of state and local health organizations. This plan is neither duplicative nor obsolete.

Intergovernmental Action Regarding Toxic Substances and Harmful Physical Agents Plan – This plan is required under Health and Safety Code, §503.004. It was developed by the Toxic Substances Coordinating Committee for the purpose of general cooperation in the state’s response to and regulation of toxic substances and harmful physical agents. It provides a framework from which the agency members of the committee will be able to more closely coordinate and regulate toxic substances as directed by law. This plan is neither duplicative of any other plan nor obsolete.

Maternal and Child Health Block Grant Plan – This plan is required under 42 United States Code, Chapter 705 as part of the annual requirement for the Maternal and Child Health Block Grant application that the department must submit to receive federal funds for the TDH Maternal and Child Health program. The plan is neither obsolete nor duplicative.

Report to include plans to decrease the use of tobacco – This requirement is under Health and Safety Code, §161.0901. The law specifies a biennial report to the governor, lieutenant governor, and the speaker of the house of representatives on the status of smoking and the use of tobacco and tobacco products in Texas. One of the sections of this report includes the future goals and plans of the department’s Office of Smoking and Health to decrease the use of tobacco and tobacco products. Although not specifying a plan per se, the law implies a planning process be accomplished. In addition to this report, the legislature also requested the department, as part of an interagency task force, prepare a plan for the use of \$200 million for a tobacco prevention pilot program. This plan, completed in November 1998, is the basis for the Office of Smoking and Health’s use of the tobacco settlement funds as addressed in Senate Bill 1676 and Article XII of the 76th Legislature. The mandated report complements this plan and does not duplicate its purpose nor is it obsolete.

Independent Council Plans of which TDH is a Member

Electronic Benefits Transfers (EBT) Plan – Under Government Code, §531.045, this plan is required of the Interagency Task Force on Electronic Benefits Transfers of which the department is a member. The programs included under this plan are the Lone Star system (Food Stamps and Temporary Assistance to Need Families) and development of the Women, Infants and Children (WIC) EBT pilot project. An additional part of this plan is to assist beneficiaries of public services access services through individual health services accounts. Although the WIC EBT pilot is referred to in the WIC State Plan, the EBT plan is not duplicative of the latter plan because it expands the EBT projects in much greater detail. The EBT plan is not obsolete either since it is targeted at developing a more effective and cost-efficient means of delivering health services to beneficiaries.

Genetics Resource Allocation Plan – This plan is required under Health and Safety Code, §134.0041. The plan was developed by the Interagency Council for Genetic Services (IAC) of which TDH is a member. Previously the department staffed the IAC, but in 1998, this function moved out of TDH to the University of Texas at San Antonio. The plan describes the status of the provision of genetic services in Texas and makes recommendations for future planning and resource allocation. Its principal value is as a vehicle for communicating the need for genetic services in Texas. It is neither duplicative of any other plan nor obsolete.

HIV/AIDS Interagency Coordinating Council plan – This requirement derives from Health and Safety Code, §85.017. This law requires that the HIV/AIDS Interagency Council develop an annual report containing recommendations and plans for coordinated activities regarding HIV/AIDS. The report contains strategies and recommendations for the seventeen member agencies of the HIV/AIDS Interagency Coordinating Council including the Texas Department of Health. Though not specifically requiring a single coordinated plan, the requirement for this report does not duplicate any other plan of the department, nor is it obsolete.

One-Time Plans

Hepatitis A Immunizations Plan – House Concurrent Resolution 156 of the 75th Legislature directed that the department “develop a comprehensive plan to control the spread of hepatitis A.” This plan appears to overlap with the requirement for a report on plans to increase immunization rates. However, it is not duplicative, nor obsolete because it was a one-time requirement and it focused on control of a specific disease and implied the requirement for additional strategies besides vaccination, such as, education and health promotion measures.

Long-Range Plan for TDH Hospitals – Departmental plan required under Article IX, section 44 of the 75th Legislative Session Appropriations Act. This was a one-time plan that was the building blocks for the enactment of legislation relating to the future of the South Texas Hospital and the Texas Center for Infectious Disease. This plan presented the options for these hospitals to the legislature which then enacted House Bills 1748 and 3504 to provide for tuberculosis and communicable disease care and laboratory services in south Texas and the Rio Grande Valley.

Discontinued Plans

Productivity Bonus Program Plan – This program was abolished by S.B. 355 in the 76th Legislature and was subsumed under the State Employee Incentive Program. The plan for the Productivity Bonus Program was thereby eliminated also.

Respiratory Disease Pilot Program – This plan is obsolete. The program is neither staffed nor funded. It was originally intended to provide state hospitalization for ventilator-dependent and chronic obstructive pulmonary disease patients who could not be supported at community hospitals due to lack of public reimbursement. The number of such patients is not as great as previously believed and there is now Medicaid financing for reimbursement for sub-acute care for such patients. There is currently sufficient capacity in community hospitals to manage the case load for these patients without state intervention.

Texas Integrated Eligibility System (TIES) Plan – This plan was required under Government Code, §531.203. The Health and Human Services Commission (HHSC) had responsibility for the TIES plan with TDH as a participant in the process. As a result of legislation during the 76th Texas Legislative session which included riders to the HHSC and Department of Human Services (DHS) budgets, this project is no longer current because it has evolved into the Texas Integrated Eligibility Redesign System under the auspices of the DHS and HHSC. This plan is not a TDH assignment.

Non-qualifying Plans

Increase Immunizations – This requirement derives from Article IX, section 49 of the 76th Legislative Session Appropriations Act. The rider directs that the department shall report to the Legislative Budget Board (LBB) and the Governor “each year of the biennium on plans to increase immunization rates in Texas.” This mandate does not appear to require a specific planning document, but asks that the LBB and the Governor be informed what measures the department will take to increase immunizations across the state.

Indirect Cost Recovery Plan – Government Code, §2106.003 requires that each state agency that receives federal funds or charges a fee for a service shall annually prepare an indirect cost recovery plan. In lieu of a direct cost allocation system, the department prepares a schedule of the costs of programs for which the department receives federal money as well as the indirect costs that support those programs. While necessary and non-duplicative, this document is a spreadsheet of costs and does not fit the criteria of a plan.

Internal Audit Findings – The internal audit findings requirement are reported to the Board of Health and the GOBP, LBB and SAO with the recommendations for corrective action. It states what actions have been taken or will be taken. Does not qualify as a plan.

Long-Range Plan for STH (HB 3504) – This act does not require a plan. It is authorization for implementing the plan for the construction and refurbishing of the South Texas Hospital that was developed pursuant to the requirement under rider 44, Article IX from the 75th Legislature as discussed in the *Long-Range Plan for TDH Hospitals*.

Long-Range Plan for TCID (HB 1748) – This act does not require a plan. It is authorization for implementing the plan for the renovation of the Texas Center for Infectious Disease that was developed pursuant to the requirement under rider 44, Article IX from the 75th Legislature as discussed in the *Long-Range Plan for TDH Hospitals*.

Plan for area-wide administration to provide Primary Health Care Services – The reference for this requirement is Health and Safety Code, §31.004 wherein it says that the Board of Health by rule shall establish a plan of area-wide administration to provide authorized services. This has been accomplished by adopting Texas Administrative Code, Title 25, Part 1, Chapter 39, Primary Health Care Services Program, Subchapter A, Texas Primary Health Care Services Act Program Rules, for the administration of the authorized services. This action is not a separate plan, but satisfies the requirement of the law.

Policy Research in other agency's jurisdiction – Rider 58 of Article IX, 75th Legislative session directs that state agencies, excluding institutions of higher education, may not expend funds to conduct or support policy research on subjects within the statutory jurisdiction of another agency without providing prior written notification to that agency concerning a work plan and the coordination of resources. This requirement is not a standing plan and is only contingent on the above conditions. It is not duplicative, nor obsolete, and is the responsibility of all TDH programs.

Prevention of Simultaneous Enrollment of Persons in Narcotic Treatment Programs – This requirement derives from the Health and Safety Code, §466.026. In response, the department planned and developed a central registry of persons in narcotic treatment programs to ensure the prevention of multiple simultaneous enrollments in state drug treatment programs. Rules to implement this registry were approved by the Board of Health and were then promulgated under Texas Administrative Code, §229.150. Since it was determined that the registry and rules fulfilled the purpose of the law, a written plan was not published. There is no duplication or obsolescence.

Policy Statements

Accessibility to the Perfusionists' Board programs – This requirement derives from Texas Occupations Code, §603.205. The Perfusionists' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Orthotics/Prosthetics' Board programs – This requirement derives from Texas Occupations Code, §605.203. The Orthotics/Prosthetics' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Marriage and Family Therapists' Board programs – This requirement derives from Texas Occupations Code, §502.205. The Marriage and Family Therapists' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Professional Counselors' Board programs – This requirement derives from Texas Occupations Code, §503.256. The Professional Counselors' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Speech-Language Pathology and Audiology Board programs – This requirement derives from Texas Occupations Code, §401.254. The Speech-Language Pathology and Audiology Board has prepared a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Dietitians' Board programs – This requirement derives from Texas Occupations Code, §701.205. The Dietitians' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking

persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Midwives' Board programs – This requirement derives from Texas Occupations Code, §203.203. The Midwives' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.

Accessibility to the Social Workers' Board programs – This requirement derives from Texas Occupations Code, §505.255. The Social Workers' Board will prepare a policy statement how the program will provide access to the board's programs for non-English speaking persons. This requirement is neither duplicative nor obsolete and establishes a necessary service.